

03-05 04-38-305926

24-Hour Emergency Hotline Number: 1-800-943-0003

04-38-305926

Date & Military Time Of Incident: 4/2/2002 0645		Date & Military Time Reported: 4/2/2002 0930		Spill File # ner04022002_01	
Person Reporting: Phillip Everheart		Representing: Specialty Chem Products Corp.		Phone # (715)735-9033 Fax # () ()	
Responsible Party (RP) / Spiller: Specialty Chem Products Corp.		RP Decision Based On:		Phone # (715)735-9033 Fax # () ()	
RP Address: 2 Stanton St		City Marinette		State WI	
RP Contact Name & Title: Phillip Everheart		Zip Code 54143		Phone # (715)735-9033 Fax # () ()	
Substance Involved: SO2 and HCl gas		Amount & Units Released: unknown		Amount & Units Recovered: none	
<input type="checkbox"/> Solid		<input type="checkbox"/> Semisolid		<input type="checkbox"/> Liquid	
<input checked="" type="checkbox"/> Gas		Color:		Odor:	
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 2 Stanton St				Facility Name / Property Owner: Specialty Chem Products Corp.	
<input checked="" type="checkbox"/> City		<input type="checkbox"/> Village		<input type="checkbox"/> Township	
County Marinette		Latitude/Longitude			
DNR Region: NER		1/4 1/4 Sec T N R		<input type="checkbox"/> E <input type="checkbox"/> W	
Weather Conditions:					
Cause Of Incident: Scrubber malfunction for 15 minutes, from 0645 to 0700, on discovery of release the reaction process was stopped and gas flow to the scrubber was stopped. The immediate building was briefly evacuated, no off-site evacuation occurred.					
Spilled Substance Impact To: (check X all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other:		Spill Cause/Site: <input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		Action Taken By Spiller: <input type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <input type="checkbox"/> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input type="checkbox"/> Waste Destination: <input checked="" type="checkbox"/> Other: secure release	
Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are There Any Resource Damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential What Kind?					
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene) <input type="checkbox"/> Fire Department <input type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:				Incident Commander: Phone # () ()	
Prepared By: Tom Collier		Phone # 608-267-0844		Date: 4/2/2002	
Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Person Notified: emailed to Warden Steve Daye		Phone # 715-927-3969	
Date: 4/2/2002		Time: 0955			
Investigated By:		Sign:		Date:	
Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date: 4/29/02			
Spill Coordinator Signoff: Kathryn M. Erdman		Date: 4/29/02		Transferred To: ERP <input type="checkbox"/> DATCP <input type="checkbox"/> Date: Case #	
NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No		To:	

State of Wisconsin Substance Release Report (Cont'd)
Form 4401-91 Rev 12-01

Date and Military Time Of Incident:

Responsible Party:

Additional Comments :

forwarded a copy of the spill form to Pickwick on
4/29/02 - K. Erdmann

Case Activity Report: Yes No CAR#:

(Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)

Activity Number: 04-38-305926

Activity Type: SPILL

Activity Name: SPECIALTY CHEM PRODUCTS CORP

Region: Northeast Region

County: Marinette

FID: 438008340

Location Name: SPECIALTY CHEM PRODUCTS CORP

EPA ID: WID980898266

Location Address: 2 STANTON ST

Start Date: 04/02/2002

End Date: 04/29/2002

Municipality: MARINETTE

Project Manager: ROXANNE CHRONERT

Legal Desc: None Found

Latitude: None Found

Longitude: None Found

Incident Date/Time: 04/02/2002 06:45

Reported Date/Time: 04/02/2002 09:30

DNR Notify Immediate:

Physical Char:

Physical Color:

Physical Odor:

Spill Cause: SCRUBBER MALFUNCTIONED FOR 15 MIN.

Spill Source: Chemical Company

Source Comment:

Resource Damage: Comment:

DNR Investigator:

Spill Comment: REACTION PROCESS WAS STOPPED & GAS FLOW TO SCRUBBER WAS STOPPED. IMMEDIATE BLDG WAS EVACUATED BRIEFLY.

Who:

Contact Type: RESPONSIBLE PARTY

Phone: () -

Ext:

Name:

Fax: () -

Title:

E-Mail:

Company: SPECIALTY CHEM PRODUCTS CORP

Address: 2 STANTON ST
MARINETTE, WI 54143

Impacts:

Air Contamination

Substances:

Other Comment: Sulfur Dioxide & Hydrochloric Gas - Amount Unknown

Spill Substance Details:

Other

Released Amount:

Recovered Amount:

Physical Characteristic:

Physical Color:

Physical Odor:

Spiller Actions:

Monitor

Other SECURE RELEASE

Actions:

5	Date Spill Occurred (Activity Date)	04/02/2002
1	Notification	04/02/2002
11	Activity Closed	04/29/2002